

1164

PLACE OF BIRTH
County of Bila
District of Arizona
Town of Winkelman
or
City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 115
Co. Register No. 9782
Local Registrar's No. _____

FULL NAME OF CHILD Anne Maria Urias } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child <u>Female</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>March 11</u> 191 <u>4</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Miguel Urias</u>			Full Maiden Name <u>Isabel Garcia</u>		
Residence <u>Winkelman</u>			Residence <u>Winkelman</u>		
Color or Race <u>Mexican</u>			Color or Race <u>Mexican</u>		
Age at last Birthday <u>37</u> (Years)			Age at last Birthday <u>27</u> (Years)		
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>Mill-Man</u>			Occupation <u>House-wife</u>		
Number of child of this mother. <u>1st</u>		Number of children, of this mother, now living. <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on March 11 1914, at 1.30 P. M.
{ When there is no attending physi- }
{ cian or midwife, then the householder }
{ should make this return. }

(Signature) M. G. Marden, M.D.
(Attending physician, midwife, householder.)*

Given or christian name added from a
supplemental report _____ 191____
Address Winkelman, Ariz.

Filed April 1 1914
COUNTY REGISTRAR.

Filed April 8 1914
COUNTY REGISTRAR.

A True Copy
LOCAL REGISTRAR.
BY J. W. W.

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.